

Mrs Nicola Schofield

Rose Cottage Rest Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rose Cottage Rest Home provides personal care and accommodation for up to 17 older people. On the day of our inspection there were 17 people living in the service.

Accommodation is provided over two floors, accessible through a stair lift. Communal areas included a small lounge, open plan living and dining room and garden areas.

People's experience of using this service and what we found

People's safety was promoted by staff who followed guidance on how to reduce potential risk. This included the use of equipment to support people moving around the service. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People were supported to take their medicines safely and as prescribed.

Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns and following infection control procedures.

People's care needs were assessed before they began to use the service. Staff received an induction and ongoing training which enabled them to have the skills and knowledge to meet people's diverse needs. People were supported to have sufficient amounts to eat and drink. Staff supported people to live healthier lives and access healthcare services when required.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service continued to be well managed. Systems to monitor the quality of the service were in place. Actions were taken and improvements were made when required. The registered manager, who was also the provider, was committed to improving and developing the service. They used feedback from people, relatives and staff and worked in partnership with other agencies to provide people with the best possible outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Rose Cottage Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Rose Cottage Rest Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative to gain their views about the care provided. We also spoke with the provider, who was also the registered manager, the deputy manager, the

home organiser, the activity co-ordinator and one care staff. We observed care and support and interactions between people and staff within communal areas.

We reviewed a range of records. This included three people's care records and care plans and sampled medicine records. We looked at two staff files in relation to recruitment and supervision and staff training records. A variety of records relating to the management of the service, including policies and procedures and quality assurance systems and processes were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems and processes in place to protect people from the risk of abuse. These included local safeguarding protocols.
- Staff were trained in safeguarding procedures and demonstrated they understood potential signs and symptoms that may indicate abuse. Staff told us they would report and document concerns and were confident these would be listened to and action taken to keep people safe.
- The provider ensured staff had information to understand how they could raise concerns with external agencies about potential malpractice in the service.

Assessing risk, safety monitoring and management

- People and one relative told us that the service was safe. Comments included, "I am safe because there is always someone here. I press the buzzer and they come and help me straight away. On the first night I moved here, I was unsettled and the night staff stayed with me the whole night to help me," and "I feel safe because I have only had two minor falls since I have been here. I fell a lot at home. They [staff] have helped to get the right equipment to keep me safe when I am walking around."
- The assessment and monitoring of risk promoted people's safety. Risks associated with people's care, support and environment had been assessed, and records provided guidance to staff on the measures needed to reduce potential risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely and guided them on the safe use of walking aids.
- Staff took action in a timely way to reduce the risk of harm for people. For example, staff had identified one person was at risk of falls because their room was not on the ground floor. Staff had liaised with the person and their relative to agree a move to the ground floor, which in turn had significantly reduced risks. A second person had a sensor mat fitted to alert staff in the event they left their bed during the night. This helped to keep them safe.

Staffing and recruitment

- There were enough staff deployed to meet people's needs in a timely manner. Staff rotas showed that staffing was consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be suitable to work in the service. Disclosure and barring service (DBS) security checks, proof of identity and references were obtained before new staff started working in the service. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People received their medicines safely and as prescribed. Staff had completed training in administering medicines and this was regularly updated.
- We observed staff supported people to take their medicines. People were given time to take their medicines in the way they preferred and consulted if they needed 'as and when required' medicines, for example, pain relief.
- Medicines were stored safely. The service had robust audits and monitoring processes in place to support the safe administration of medicines.

Preventing and controlling infection

- People were protected from the risk of infection because staff followed best practice guidance in infection control procedures and systems.
- The provider ensured staff were provided with personal protective equipment, such as gloves and aprons, and we saw staff wore these when supporting people with care.
- The service was clean and tidy, free from malodours and staff followed a cleaning schedule to maintain cleanliness around the premises.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment or changes to their environment.
- Lessons learnt were shared with staff to support their awareness and development.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they came to the service to ensure they could be met and people achieved good outcomes.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.
- Assessments had been completed with the person, or where appropriate, with their family or representatives.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. One staff member said, "The training is good. We do a combination of training which includes distance learning. If we are stuck on anything we can ask [registered manager] who helps us."
- The registered manager maintained a central record of staff training which helped to ensure staff undertook the required training and kept this updated to reflect best practice guidance.
- New staff were supported to undertake an induction programme which included on-going competency checks in the areas of medicines and moving and handling.
- Staff received consistent support and supervision from the registered manager. Staff were also supported to develop themselves through vocational qualifications in care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the quality of the food and told us they could choose their portion sizes.
- People's care plans included guidance for staff to follow to meet people's nutritional needs. For example, specific cutlery required to enable them to eat independently or level of support staff needed to provide.
- Staff had a good knowledge of people's dietary needs and preferences. We saw that special diets were catered for.
- Staff consistently provided people with drinks and snacks in between meals to reduce the risk of dehydration and poor nutrition.
- We observed the lunchtime period and saw that people received the support they required to eat and drink. When one person did not want what was on offer, staff provided them with an alternative promptly. The cook consulted with people to ensure they had enjoyed the meal and discussed menu suggestions.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked consistently to meet people's needs. All the staff we spoke with said that good teamwork was in place, with good communication, and values which put people first.
- Records showed staff regularly worked with other agencies, such as GPs or other health professionals, which helped to ensure people received the care they required promptly.

Adapting service, design, decoration to meet people's

- The premises was suitable and accessible to the people living there. The layout of the building ensured that the environment offered plenty of personal space. There were various areas for people to use for different activities. The provider had created a sensory garden area for people and visitors to enjoy throughout the year.
- People's rooms were decorated to their choice and needs.
- There were several communal areas which we saw were accessed and used by people and their family members who were visiting. People in wheelchairs could easily access these areas.
- Staff supported people to use the stair lift to enable them to gain access to the first floor when they wanted to.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare they needed. This included routine and specialist healthcare to support people's well being.
- Care plans documented in detail any health care requirements that people had and included an update of any visits or appointments with health care professionals.
- People's weight was regularly monitored when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

- Staff consistently obtained people's consent before providing support. We observed staff supporting people to make choices and decisions throughout the inspection. For instance, how and where they wanted to spend their time, and if they were happy for staff to provide assistance.
- The registered manager and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by staff who were kind and caring towards them. One person told us, "The staff are very good, always helpful and polite. They put people first." A relative told us, "The staff are kind, polite and respectful towards [name of family member]. [Name] has really come out of themselves since moving here."
- Staff were knowledgeable about the people they cared for and knew their individual needs and preferences. For example, they knew how people liked to have their drinks and snacks, what they liked to talk about and where they liked to sit.
- Staff respected equality and diversity. This included respecting people's beliefs and backgrounds and lifestyle choices.
- We observed caring interactions between staff and people throughout our visit. Staff had time to spend chatting with people and checking on their welfare.

Supporting people to express their views and be involved in making decisions about their care

- People and one relative told us they were involved in decision making about their care. People confirmed that staff regularly checked with them to see if any changes were required, and that the care plans in place were a good reflection of their needs.
- Care plans we looked at were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.
- People could have access to an advocate who would support them to make decisions about their care and support. Advocates are independent of the service and support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The service had achieved and maintained a gold award for dignity in care for some years. We saw staff knock on doors before entering, speak with people discreetly when required and help people adjust their clothing to maintain their dignity.
- People had a sign outside their room advising 'do not enter, care provided' which was put in place when staff supported them with personal care.
- People were encouraged to maintain their independence and do as much as they could for themselves. We saw staff helping people to do as much for themselves as possible.
- Visitors were made to feel welcome at any time and people were consulted as to where they wanted to receive their visitors.

- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. A relative told us they had been fully involved and consulted about how their family member wanted their care to be provided.
- Staff kept care plans under review, to make sure they reflected people's current circumstances and provided up to date and appropriate information for staff.
- Care plans were personalised and contained information about people's likes and dislikes. For example, one person's plan documented their life achievements and interests which gave staff an insight into their earlier life.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were arranged by an activity co-ordinator who provided a range of activities based on people's interests and on-going evaluation of sessions. These evaluation helped them to ensure activities provided met people's needs and wishes.
- Activities ranged from scrabble, quizzes, art class, reminiscence and trips out. Where people preferred one-to-one activities, such as reading and jigsaws, these were also provided.
- People's care plans identified if they were at risk of social isolation, for example, through their health condition, and staff took action to reduce this risk.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed their communication needs where appropriate. For example, where people had a cognitive impairment which meant they found it difficult to process what was being said, their care plan instructed staff to speak concisely, and to give the person time to respond.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and was being used effectively. We saw that when a complaint had been received, it was investigated promptly, and the person involved was responded to in line with the provider's policy.
- People told us they felt confident to raise concerns and felt these would be listened to and resolved.
- Records confirmed action was taken to improve the quality of support people received.

End of life care and support

- People's care plans included detailed information about how they wanted to be supported towards the end of their lives, specific requests and their funeral arrangements. Records also included action plans post bereavement to identify practical arrangements as well as support to those close to the person.
- Staff had experience of meeting the needs of people requiring end of life care within the service. They had undertaken appropriate training and liaised with external health professionals to ensure people had the support they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the staff team were passionate about providing person centred care. People were at the centre of their care. The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The registered manager knew all the people using the service well and was involved in supporting them.
- The service had a friendly and open culture, and people told us they found the registered manager approachable and easy to talk with. One person said, "[Registered manager] is lovely, wants to do the best for everyone and always puts people first." A staff member told us, "This is a good home, first class. The registered manager is open to improvements and developments and staff work hard to provide personalised care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies.
- The registered manager was described as open, honest and approachable. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported. They felt listened to and described good communication within the service.
- The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. They had recently employed a staff member to oversee compliance who was in the process of developing systems within the service. The registered manager, together with the deputy manager, undertook regular quality checks on areas such as medicines, infection control, care planning and the environment to ensure people were receiving good quality care.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- The registered manager understood their legal responsibilities under their registration with the Care Quality Commission and liaised with other agencies in the event of incidents within the service. They had

displayed their current ratings within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged to contribute in how the service was run. Their views were captured through informal feedback, surveys and meetings and these were used to improve the service. For example, people had been consulted about getting up and bedtimes to ensure they felt empowered to choose these times.
- The registered manager had consulted with people about a kindness tree. This supported people to make comments when they received or observed good care and comments could be viewed by people, staff and visitors.
- The service had received many compliments praising the kindness of staff and the quality of care provided.
- Staff felt that team meetings were useful, and they could openly discuss any issues or areas for improvement. Minutes of recent meetings showed staff were supported to reflect on best practice and meetings were concluded with clear action points and outcomes.
- People and staff spoke of being recognised and treated as individuals, with their individual beliefs and values respected.

Continuous learning and improving care; Working in partnership with others

- The provider, who was also the registered manager, was committed to developing and improving the service. They had reviewed and taken action to develop business continuity within the service. This included succession planning for key roles and developing quality assurance and monitoring systems.
- The registered manager completed training alongside staff which supported them in understanding best practice. They also liaised with key agencies, such as adult social care, to understand changes in the care market and meet their contractual requirements.
- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service worked closely with a range of health and social care professionals to achieve good outcomes for people.